

LETTERS TO THE EDITOR

Biological Considerations With Pelvic Neoplasms

Dear Sir,

I would like to comment on the review article by Spratt and Meyer entitled "Biological Considerations with Pelvic Neoplasms" [1].

Their concepts can be extended from patients with pelvic neoplasms to a large proportion of patients with gastrointestinal cancer. Patients with gastric cancer, pancreatic cancer and low colorectal malignancy have "spread predominant" patterns of surgical treatment failure. The unfortunate outcome is that the majority of patients either die or undergo prolonged suffering as a result of cancer dissemination at the resection site or on abdominal and pelvic surfaces.

These "spread predominant" patterns of failure should be contrasted to the "metastases predominant" patterns of failure seen with breast cancer, melanoma and many other malignancies.

Supraradical surgery is not indicated in metastases predominant malignancies. However, it is indicated in spread predominant diseases. It should be combined with perioperative intraperitoneal chemotherapy in many patients, to eliminate small-volume peritoneal seeding or surgically induced microscopic residual disease [2–5].

As oncologic surgeons, we have been far too complacent in accepting the high local recurrence rates with gastric cancer, pancreatic cancer and low colorectal malignancy. Retroperitoneal sarcoma is a rarer cancer that should be included in this category [6,7]. With proper techniques for cancer resection and the use of perioperative intraperitoneal chemotherapy in selected patients, the incidence of resection site recurrence and peritoneal carcinomatosis/sarcomatosis should be reduced to near zero. For example, in gastric cancer, the only recurrence that should be tolerated with modern gastric cancer surgery is liver metastasis [8]. This must be the goal of all gastrointestinal cancer surgery. In addition, local and regional recurrences should be monitored, to maintain proper credentialing of surgeons who treat patients with gastrointestinal malignancies [9,10].

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Reply

Further insights into patterns of spread and the biological behavior of many neoplasms is becoming more of a science. We have a great deal to learn as we begin to correlate the genetic and molecular biological properties of cancer cells with the behavior of the cancers that they induce.

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